

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
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14		/					64		
15		/					65		
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18		/					68		
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23		/					73		
24		/					74		
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29		/					79		
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31		/					81		
32		/					82		
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34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44	/						94		
45	/	/					95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		